STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155197	A. BUILDING _____ B. WING _____	C 07/18/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANCTUARY AT ST PAULS	**3602 SOUTH IRONWOOD DRIVE SOUTH BEND, IN 46614**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This visit was for investigation of Complaint Number IN00093151.

Complaint Number IN00093151 - Unsubstantiated, due to lack of evidence

Survey date: July 18, 2011

Facility number: 000104
Provider number: 155197
Aim number: 100266590

Survey team:
Vicki Manuwal, RN TC
Bobbie Costigan, RN

Census bed type:
SNF: 20
SNF/NF: 50
Residential: 104
Total: 174

Census payor type:
Medicare: 20
Medicaid: 39
Other: 115
Total: 174

Sample: 3

Sanctuary at St Pauls was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint IN00093151.

Quality review completed 7/19/11
Cathy Emswiller RN

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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